

Children’s Bureau

Child and Family Services Reviews  
IV. Program Improvement Plan Matrix (PIP Matrix)

State: Iowa

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ACF Regional Office:

Region I

Region II

Region III

Region IV

Region V

Region VI

X Region VII

Region VIII

Region IX

Region X

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Outcome S1: Children are, first and foremost, protected from abuse and neglect  [Vern Armstrong, Bureau of Protective Services; SBT-TT Intake and Assessment]		X	Meet Individual Items Below	See Action Steps: Item 1.	Meet Individual Items Below Quarterly Report of Benchmark Completion	See Benchmarks: 1.1.1 – 1.3.1.		Projected:  8 <sup>th</sup> Quarter Actual: 04/18/06
Item 1: Timeliness of initiating investigations of reports of child maltreatment  [Vern Armstrong, Bureau of Protective Services; SBT-TT Intake and Assessment]		X	Baseline: 73%  Goal: 78% of all cases will be initiated within timeframes.  Current 66.64%	1.1 Establish performance standards and indicators for timeliness of investigations.	STAR administrative data  Digital Dashboard via the Child Safe from Re-Abuse measure.	1.1.1. Conduct phone conference training for protective service workers and supervisors on timeliness requirements [See Training Plan in the PIP Narrative Appendix]	Projected: 1 <sup>st</sup> Quarter  Actual: 10/28/05	Projected: 8 <sup>th</sup> Quarter Actual:
				1.2. Complete Child Welfare Information System [CWIS]	Quarterly Report of Benchmark		Projected: 1 <sup>st</sup> Quarter	

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							Benchmark	Goal
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				changes to capture timelines of initiating reports with data entered into STAR and supervisory oversight and signoff.	completion	1.2.1. Completing CWIS programming.  1.2.2. Conduct statewide phone conference training for child protective service workers and supervisors on data element use and begin data entry [See Training Plan in the PIP Narrative Appendix].	Actual: 03/09/04  03/09/04	
				1.3 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	STAR Administrative Data Digital Dashboard Quarterly Report of Benchmark completion	1.3.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4 <sup>th</sup> Quarter  Actual: 07/30/05	
Item 2: Repeat maltreatment  [Vern Armstrong, Bureau of Protective Services; SBT-TT Intake and Assessment]		X	Baseline: 11.4%  Goal: 10.5 % or fewer children will have recurrence of maltreatment.  Midterm Goal: 10.95%  Current 6.14%	See Action Steps: Item 2 below.	STAR Administrative Data  Goal and Negotiated Measure Data  Quarterly Report of Benchmark completion	See Benchmarks: 2.1.1 – 2.9.7	Projected: 8 <sup>th</sup> Quarter  Actual: 04/18/06	Projected: 8 <sup>th</sup> Quarter  Actual: 04/18/06

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
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<p>Recurrence of Maltreatment (Statewide data indicator relating to Item 2)</p> <p>[Wendy Rickman, Service Area Manager; SBT-TT Case Management]</p>		X	<p>Baseline: 11.4%</p> <p>Goal: 10.5 % or fewer children will have recurrence of maltreatment.</p> <p>Midterm Goal: 10.95%</p> <p>Current 6.14%</p>	2.1 Implement a functional assessment of the family statewide that includes existing assessments, both informal and formal, and contains the current strengths, needs and risks of the child and family. The assessment will identify the critical underlying issues that must be resolved for the child to live safely inside his/her family independent of outside supervision.	<p>STAR Administrative Data</p> <p>Digital Dashboard</p> <p>Quarterly Report of Benchmark completion</p>	<p>2.1.1 Review existing assessment tools and functional assessment protocols and identify gaps/needs and utilize National Resource Center on Child Maltreatment and Family Centered Services to explore potential functional assessment tools and or modifications to our tools.</p> <p>2.1.2 Develop and provide training on new or revised tools and processes incorporating assessment changes into new worker training. [See Training Plan in the PIP Narrative Appendix]</p> <p>2.1.3 Service Area Supervisors will assure the Functional Assessment is implemented and used.</p>	<p>Projected: 3<sup>rd</sup> Quarter Actual: *03/01/05</p> <p>4<sup>th</sup> Quarter *05/18/05</p> <p>6<sup>th</sup> Quarter Actual: 11/9/05</p>	<p>Projected: 8<sup>th</sup> Quarter Actual: 04/18/06</p>
[Vern Armstrong, Bureau of Protective Services; SBT-TT Intake and Assessment]				2.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	<p>STAR Administrative Data</p> <p>Quarterly Report of Benchmark completion</p>	2.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	<p>Projected: 4<sup>th</sup> Quarter Actual: 07/30/05</p>	
[Mary Nelson, Child Welfare Director, SBT-TT System]				2.3 Expand Community Partnerships for the Protection of Children [CPPC] to an	The number of counties who have	<p>PHASE I</p> <p>2.3.1. Provide materials to Service</p>	<p>Projected: 1<sup>st</sup> Quarter</p>	

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	A	NA						
Improvement]				additional 30 counties in Iowa [see narrative] and continue steps necessary for expansion statewide.	fully implemented Community Partnerships for Protection of Children strategies will be counted and reported quarterly.	<p>Areas related to CPPC core strategies, implementation strategies and lessons learned, and available resources.</p> <p>2.3.2. Service Areas develop and submit plans for CPPC roll-out and identify technical assistance needs</p> <p>2.3.3. Sites selected for next phases of roll-out</p> <p>2.3.4. Local Community Partnership identifies steering committees and establishes timelines for implementation of Community Partnerships within their own community.</p> <p>2.3.5. Conduct Quality Service Reviews [QSR] in counties initiating Community Partnerships that have not already had QSR to identify the strengths and needs.</p> <p>2.3.6. New site orientation completed including CPPC 101 training.</p> <p>2.3.7. Provide technical assistance and other support to new site(s).</p> <p>[See CPPC in the PIP Narrative Appendix]</p> <p>2.3.8. Update and maintain peer</p>	<p>Actual* 06/15/04</p> <p>1<sup>st</sup> Quarter *11/1/04</p> <p>1<sup>st</sup> Quarter *11/15/04</p> <p>2<sup>nd</sup> Quarter *12/30/04</p> <p>2<sup>nd</sup> Quarter *10/30/04</p> <p>3<sup>rd</sup> Quarter *03/30/05</p> <p>3<sup>rd</sup> Quarter *04/01/05</p> <p>3<sup>rd</sup> Quarter</p>	

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							Benchmark	Goal
	A	NA						
						support contact list on website 2.3.9. Develop curriculum for community networking workshop 2.3.10. Develop contract for DV case consultation and training PHASE II 2.3.11. Identify next counties for expansion. 2.3.12. Service Areas develop and submit plans for CPPC roll-out and identify technical assistance needs 2.3.13. Sites selected for next phases of roll-out 2.3.14. Local Community Partnership identifies steering committees and establishes timelines for implementation of Community Partnerships within their own community. 2.3.15. Conduct Quality Service Reviews [QSR] in counties initiating Community Partnerships that have not already had QSR to identify the strengths and needs. 2.3.16. New site orientation completed including CPPC 101 training.	*01/10/05 3 <sup>rd</sup> Quarter *10/01/04 5 <sup>th</sup> Quarter 10/30/05 5 <sup>th</sup> Quarter 10/30/05 5 <sup>th</sup> Quarter 10/30/05 6 <sup>th</sup> Quarter 11/31/05 6 <sup>th</sup> Quarter 11/31/05 7 <sup>th</sup> Quarter 04/28/06 8 <sup>th</sup> Quarter 07/31/06	

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						2.3.17. Provide technical assistance and support to new sites  [See CPPC in the PIP Narrative Appendix]  2.3.18 Identify next counties for expansion.	8 <sup>th</sup> Quarter 07/31/06       8 <sup>th</sup> Quarter 07/31/06	
[Wendy Rickman, Service Area Manager; SBT-TT Case Management]				2.4 Provide Casey Guidelines for Need-Based Service Planning in Child Welfare to supervisory staff with training [Casey Outcomes and Decision-Making Project and American Humane].	Quarterly Training Report	2.4.1. Plan training content with American Humane and purchase 600 manuals for distribution.  2.4.2. Distribute <u>Tough Problems, Tough Choices: Guidelines for Needs-Based Service Planning in Child Welfare</u> to: <ul style="list-style-type: none"> <li>▪ Social Work Administrators</li> <li>▪ Social Work Supervisors</li> <li>▪ Each DHS Office</li> </ul> 2.4.3. Post the Guidelines on the intranet, available electronically to all staff.  2.4.4. Provide statewide ICN [interactive video conferencing] and CIDS [phone conferencing] training by the authors to staff regarding: <ul style="list-style-type: none"> <li>▪ Using Guidelines in Daily Practice</li> <li>▪ Using Guidelines as a</li> </ul>	Projected: 1 <sup>st</sup> Quarter Actual:* 01/04 to 03/04 1 <sup>st</sup> Quarter 03/30/04*   1 <sup>st</sup> Quarter 03/31/04*  1 <sup>st</sup> Quarter 03/31/04 & 04/01/04*	Projected: 8 <sup>th</sup> Quarter       Actual: 04/01/04

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	A	NA						
						Supervisory Tool <ul style="list-style-type: none"><li>Using Guidelines in Substance Abuse Cases [focus on meth abuse]</li></ul> [See Training Plan in the PIP Narrative Appendix]		
[Wendy Rickman, Service Area Manager; SBT-TT Case Management]			Conduct Family Team Meetings in 23% of families in the identified target population.  Current: 29.39%	2.5 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data  Digital Dashboard  [% of cases in which Family Team Meetings are held]  Quarterly Report of Benchmark Completion.	2.5.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation.  2.5.2 Identify target population for implementation.  2.5.3 Set clear expectations for practice through “Practice Standards for Family Team Decision Making;” adopted for implementation.  2.5.4 Establish a mechanism to list approved facilitators and approved training curriculum.  2.5.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM.  2.5.6 Develop training curriculum. 2.5.7 Provide training statewide. [See Training Plan in the PIP Narrative Appendix]  2.5.8 Incorporate training curriculum in core training and new-worker training.	Projected: 1 <sup>st</sup> Quarter Actual: * 05/01/04  1 <sup>st</sup> Quarter *10/01/04  1 <sup>st</sup> Quarter *05/04/04  1 <sup>st</sup> Quarter 09/24/04  3 <sup>rd</sup> Quarter *04/01/05  3rd Quarter *03/30/05  4th Quarter *03/30/05	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06

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						2.5.9 Provide Coaching and Mentoring in FTDM for supervisors. 2.5.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05]. 2.5.11 Provide consultation for implementation as requested.	4th Quarter *03/30/05 4th Quarter 07/31/05 ongoing  Ongoing 04/18/06	
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				2.6 Establish expertise in substance abuse to respond to Meth abuse effecting children in Iowa.	Quarterly Report of Benchmark completion.	2.6.1 Establish specialized substance abuse positions, Meth Specialists, for each judicial district to provide direct service in reduced caseloads, consultation, and training to front-line workers.  2.6.2 Specialists will be provided with training in partnership with Iowa Department of Public Health. [See Training Plan in the PIP Narrative Appendix]  2.6.3 Specialist will provide training individualized for their service areas in Meth abuse.	Projected: 1 <sup>st</sup> Quarter Actual: * 02/01/04  1 <sup>st</sup> Quarter *12/01/03  Ongoing 8 <sup>th</sup> Quarter 07/31/06	Projected: 8 <sup>th</sup> Quarter Actual: 07/31/06
[Mary Nelson, Child Welfare Director, SBT-TT System Improvement]				2.7 Implement a DV/CPS initiative.	Quarterly Report of Benchmark completion.	2.7.1 Partner with the Attorney General's office and the Iowa Coalition Against Domestic Violence to develop and distribute electronically to DHS staff a Community Partnerships for Protection of Children	Projected: 3rd Quarter Actual: *03/30/05	Projected: 8 <sup>th</sup> Quarter Actual: 11/1/05



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						<p>Handbook: “Guide for Domestic Violence in Child Welfare.”</p> <p>2.7.2 Train DHS staff in domestic violence issues affecting children using the “Guide for Domestic Violence in Child Welfare.”</p> <p>2.7.3 Initiate 12 pilot sites for family violence response teams in partnership with the Attorney General’s Office.</p>	<p>4<sup>th</sup> Quarter * 07/01/05</p> <p>6<sup>th</sup> Quarter 11/1/05</p>	
[Gary Lippe, Service Area Manager; SBT-TT Resource Development]				2.9 Implement Contracting-4-Results for Child Welfare/Juvenile Justice populations.	Quarterly Report of Benchmark completion	2.9.1 Develop and publish data on performance measures for providers that contribute to reducing repeat maltreatment (for item 2), reducing foster care re-entries (for item 5), and improving the relationship of children in care with their parents through provider participation in family team meetings (for item 16).	Projected: 6 <sup>th</sup> Quarter 2/27/06	Projected: 8 <sup>th</sup> Quarter Actual: 2/27/06
Incidence of Child Abuse and/or Neglect in Foster Cares (Statewide data indicator relating to Item 2)	X						Projected:  Actual:	Projected:  Actual:

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							Benchmark	Goal
	A	NA						
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate	X						Projected:	Projected:
							Actual:	Actual:
Item 3: Services to family to protect child(ren) in home and prevent removal	X						Projected:	Projected:
							Actual:	Actual:
Item 4: Risk of harm to child(ren)	X						Projected:	Projected:
							Actual:	Actual:
Outcome P1: Children have permanency and stability in their living situation  [Wendy Rickman, Service Area Manager; SBT-TT Case Management]		X	Align standards around best practice and to encourage and reward practice that leads to better outcomes.  <b>Meet Individual Items Below</b>	See Action Steps: Item 5 – 10.	<b>Meet Individual Items Below Quarterly Report of Benchmark Completion</b>	See Benchmarks: 5.1.1. – 10.4.3.	Projected: 8 <sup>th</sup> Quarter	Projected: 8 <sup>th</sup> Quarter
							Actual: <b>04/18/06</b>	Actual: *07/30/05  <b>04/18/06 [JM]</b>
Item 5: Foster care re-entries  [Wendy Rickman, Service Area Manager; Vern Armstrong, Bureau of Protective Services]		X	Baseline: 60%  Goal: 65% of children who enter foster care do not have a prior placement within 12 months of placement.  Midterm Goal:	5.1 Develop Policy and practice that promotes discharge planning from placement to return home.	<b>National Standard  Quarterly Report of Benchmark Completion</b>	5.1.1 Develop and implement trial home visit policy and protocol directed at discharge planning for children leaving foster care to return home.	Projected: 1 <sup>st</sup> Quarter Actual: * 03/16/04	Projected: 8 <sup>th</sup> Quarter  Actual: *07/30/05
						5.1.2 Revise the Case Plan to include discharge-planning prior to return home and to identify services that will continue after the child returns home.	1 <sup>st</sup> Quarter *03/16/04	

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							Benchmark	Goal
	A	NA						
			62.5% Current: 92%			5.1.3 Utilize National Resource Center for Foster Care and Permanency for technical assistance including curriculum on practice strategies to prevent reentry of children into foster care.  5.1.4 Training committee reviews curriculum.  5.1.5 Incorporate curriculum into training for new-workers and on-going core training. [See Training Plan in the PIP Narrative Appendix]	4 <sup>th</sup> Quarter 07/30/05   5 <sup>th</sup> Quarter 07/30/05  5 <sup>th</sup> Quarter Actual: 07/30/05	
[Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				5.2 Establish a performance standard and indicator for results for foster care re-entries	Quarterly Report of Benchmark completion  Supervisory QA Moment [Case Reading]	5.2.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas.  5.2.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1 <sup>st</sup> Quarter Actual: * 05/28/04  2 <sup>nd</sup> Quarter *01/31/05	Projected:  Actual: *07/30/05
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				5.3 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	Quarterly Report of Benchmark completion  Supervisory QA Moment [Case Reading]	5.3.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4 <sup>th</sup> Quarter 07/30/05	*07/30/05

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[Wendy Rickman, Service Area Manager; SBT-TT Case Management]				5.4 Implement a functional assessment of the family statewide that includes existing assessments, both informal and formal, and contains the current strengths, needs and risks of the child and family. The assessment will identify the critical underlying issues that must be resolved for the child to live safely inside his/her family independent of outside supervision.	Quarterly Report of Benchmark completion	5.4.1 Review existing assessment tools and functional assessment protocols and identify gaps/needs and utilize National Resource Center on Child Maltreatment and Family Centered Services to explore potential functional assessment tools and or modifications to our tools.	Projected: 3 <sup>rd</sup> Quarter Actual: *03/01/05	Projected: 8 <sup>th</sup> Quarter  Actual: *07/30/05
						5.4.2 Develop and provide training on new or revised tools and processes incorporating assessment changes into new worker training.	4 <sup>th</sup> Quarter 07/30/05	
						5.4.3 Service Area Supervisors will assure the Functional Assessment is implemented and used.	6 <sup>th</sup> Quarter 07/30/05	
[Wendy Rickman, Service Area Manager; SBT-TT Case Management]				5.5 Develop and implement “one family – one plan.”	Quarterly Report of Benchmark completion	<del>5.5.1 Complete Memorandums of agreement with child welfare partners; i.e. education, substance abuse, domestic violence, mental health, corrections.</del>	Projected: 8 <sup>th</sup> Quarter	Projected: 8 <sup>th</sup> Quarter Actual: *07/30/05
						5.5.2 Develop and implement policy and protocol for “one family – one plan”.	4 <sup>th</sup> Quarter 07/30/05	
						5.5.3 Revise the Case Plan if indicated during protocol development.	4 <sup>th</sup> Quarter 07/30/05	
						5.5.4 Develop curriculum on “one family – one plan.”	5 <sup>th</sup> Quarter 07/30/05	
						5.5.5 Training committee reviews curriculum.	5 <sup>th</sup> Quarter 07/30/05	
						5.5.6 Incorporate curriculum into	6 <sup>th</sup> Quarter	

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						training for new-workers and on-going core training.  5.5.7. Service Area Supervisors will assure “one family – one plan” is implemented and used.	<b>07/30/05</b>  6 <sup>th</sup> Quarter <b>07/30/05</b>	
[Wendy Rickman, Service Area Manager; SBT-TT Case Management]			Conduct Family Team Meetings in <b>23%</b> of families in the identified target population.  <b>Current: 29.39%</b>	5.6 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data  Goal and Negotiated Measure Data  Digital Dashboard  [% of cases in which Family Team Meetings are held}  Quarterly Report of Benchmark Completion.	5.6.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation.	Projected: 1 <sup>st</sup> Quarter Actual: * 05/01/04	Projected: 8 <sup>th</sup> Quarter Actual: <b>04/18/06</b>
						5.6.2 Identify target population for implementation.	1 <sup>st</sup> Quarter *10/01/04	
						5.6.3 Set clear expectations for practice through “Practice Standards for Family Team Decision Making;” adopted for implementation.	1 <sup>st</sup> Quarter *05/04/04	
						5.6.4 Establish a mechanism to list approved facilitators and approved training curriculum.	1 <sup>st</sup> Quarter *09/04/04	
						5.6.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM.	3 <sup>rd</sup> Quarter *04/01/05	
						5.6.6 Develop training curriculum.	3 <sup>rd</sup> Quarter *03/30/05	
						5.6.7 Provide training statewide. [See Training Plan in the PIP Narrative	4 <sup>th</sup> Quarter <b>07/30/05</b>	

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						Appendix]  5.6.8 Incorporate training curriculum in core training and new-worker training.  5.6.9 Provide Coaching and Mentoring in FTDM for supervisors.  5.6.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05].  5.6.11 Provide consultation for implementation as requested.	4 <sup>th</sup> Quarter 07/30/05  4 <sup>th</sup> Quarter 07/30/05  4 <sup>th</sup> Quarter 07/30/05  Ongoing 04/18/06	
[Gary Lippe, Service Area Manager; SBT-TT Resource Development]				5.7 Implement Contracting-4-Results for Child Welfare/Juvenile Justice populations.	Quarterly Report of Benchmark completion	5.7.1 Develop and publish data on performance measures for providers that contribute to reducing repeat maltreatment (for item 2), reducing foster care re-entries (for item 5), and improving the relationship of children in care with their parents through provider participation in family team meetings (for item 16).	Projected: 6 <sup>th</sup> Quarter 02/27/06	Projected: 8 <sup>th</sup> Quarter Actual: *07/30/05:
Foster Care Re-entries (Statewide foster care re-entries data indicator)			Baseline: 27.7% Goal: 26.35%	5.8. Establish a performance standard and indicator for results for foster care re-entries.	FACS administrative data  Digital Dashboard	5.8.1 Develop model of practice including performance standards, establish indicators,	Projected: 1 <sup>st</sup> Quarter Actual: * 06/08/04	Projected: 8 <sup>th</sup> Quarter Actual: *07/30/05

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[Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]			Midterm Goal: 27.0%  <b>Current: 92%</b>		[% of entries into care that are re-entries within 12 months of previous episode]	5.8.2 and expectation for service areas Electronically communicate to all staff performance standards, indicators, and expectations.	2 <sup>nd</sup> Quarter *01/31/05	
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				5.9 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	FACS administrative data  Goal and Negotiated Measure Data  Digital Dashboard  [% of entries into care that are re-entries within 12 months of previous episode]	5.9.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4 <sup>th</sup> Quarter <b>07/30/05</b>	Projected: 8 <sup>th</sup> Quarter Actual: *07/30/05
Item 6: Stability of foster care placement  [Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]		X	Baseline: 82%  Goal: <b>85%</b> of cases where the child experienced no placement change or the placement change is in the child's best interest  <b>Current: 87.5%</b>	6.1 Establish a performance standard and indicator for stability of foster care placement.	<b>Supervisory QA Moment [Case Reading]</b>	6.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas  6.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1 <sup>st</sup> Quarter Actual: *06/08/04  2 <sup>nd</sup> Quarter *01/31/05	Projected: 8 <sup>th</sup> Quarter Actual: <b>04/18/06</b>
[Vern Armstrong, Bureau of				6.2 Conduct quarterly review of	<b>Supervisory QA</b>	6.2.1 Service Area Managers will	Projected:	Projected:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				performance and initiate corrective action to address non-compliance.	Moment [Case Reading]	monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	4 <sup>th</sup> Quarter Actual: *07/30/05	8 <sup>th</sup> Quarter Actual: 04/18/06
[Ken Riedel, Service Area Administrator; SBT-TT Training]				6.3 Implement “Partnering for Safety and Permanency – Model Approach to Partnerships in Parenting” [PS-MAPP]	Quarterly Training Report	6.3.1 Implement PS-MAPP training for all new foster parents and add to existing foster parents approved training. [See Training Plan in the PIP Narrative Appendix]	Projected: 6 <sup>th</sup> Quarter 01/30/06	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06
[Tom Bouska, Service Area Administrator; Vern Armstrong, Bureau of Protective Services]		X	Baseline: 82% Goal: 85% of cases where the child experienced no placement change or the placement change is in the child’s best interest Current: 87.5%	6.4 Develop and implement diligent recruitment plans to assure adequate numbers of foster and adoptive homes to meet the needs of Iowa children. There will be a focus in this recruitment effort on identifying needs for foster homes representing the ethnic and racial diversity of the identified service area.	Iowa Foster and Adoptive Parent Association monthly reports aggregated  Iowa Foster and adoptive Parent Association monthly activity reports	6.4.1 Complete a service area needs assessment targeted at number and types of homes and current availability.  6.4.2 Develop a diligent statewide recruitment plan with TA from AdoptUSKids that includes: <ul style="list-style-type: none"> <li>Targeted recruitment based on the needs assessment</li> <li>Focus on specific minority communities for recruitment</li> <li>Work with communities of Faith for targeted recruitment</li> </ul>	Projected: 1 <sup>st</sup> Quarter Actual: * 08/10/04  2 <sup>nd</sup> Quarter * 07/01/04	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						<ul style="list-style-type: none"> <li>Training assess the needs of teens, skills needed to work with teens, and development of recruitment strategies for families to foster and adopt teens</li> </ul>		
						6.4.3 Each Service Area will establish a team that includes private agency staff, foster parents liaisons, foster and adoptive parents and community leaders to complete a needs assessment.	2 <sup>nd</sup> Quarter * 07/01/04	
						6.4.4 The team will define the need for foster homes and develop specific recruitment strategies for their areas.	3 <sup>rd</sup> Quarter *07/01/04	
						6.4.5 Goals established at the AdoptUSKids recruitment summit will be incorporated in the area recruitment plans	3 <sup>rd</sup> Quarter *07/01/04	
						6.4.6 Develop performance based contracted target goals with Iowa Foster and Adoptive Parent Association for recruitment requirements that will address needs of service areas as assessed	4 <sup>th</sup> Quarter *07/31/05	
						6.4.7 Develop a means for service areas to communicate with Iowa Foster and Adoptive Parent Association regarding unmet	4 <sup>th</sup> Quarter *07/31/05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						<p>needs.</p> <p>6.4.8 Develop reporting process to report to Iowa Foster and Adoptive Parent Association when new foster parents get their first placement.</p> <p>6.4.9 IFAPA will contact and support foster parents:</p> <ul style="list-style-type: none"> <li>▪ Provide welcome packet to newly licensed foster parents</li> <li>▪ Conduct state wide support groups</li> <li>▪ Maintain a toll free information and referral line</li> <li>▪ Provide liaisons to support foster parents</li> <li>▪ Promote peer support through a volunteer program</li> </ul>	<p>4<sup>th</sup> Quarter *07/31/05</p> <p>4<sup>th</sup> Quarter *07/31/05</p>	
[Wendy Rickman, Service Area Manager; SBT-TT Case Management]			<p>Conduct Family Team Meetings in 23% of families in the identified target population.</p> <p>Current: 29.39%</p>	6.5 Promote and implement Family Team Decision Making [FTDM] statewide.	<p>FACS administrative data</p> <p>Goal and Negotiated Measure Data</p> <p>Digital Dashboard</p> <p>[% of cases in which Family Team Meetings are held]</p>	<p>6.5.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation.</p> <p>6.5.2 Identify target population for implementation.</p> <p>6.5.3 Set clear expectations for practice through “Practice Standards for Family Team Decision Making;” adopted for</p>	<p>Projected: 1<sup>st</sup> Quarter Actual: * 05/01/04</p> <p>1<sup>st</sup> Quarter *10/01/04</p> <p>1<sup>st</sup> Quarter *05/04/04</p>	<p>Projected: 8<sup>th</sup> Quarter Actual: 04/18/06</p>

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
					Quarterly Report of Benchmark Completion.	6.5.4 implementation. Establish a mechanism to list approved facilitators and approved training curriculum. 6.5.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM. 6.5.6 Develop training curriculum. 6.5.7 Provide training statewide. [See Training Plan in the PIP Narrative Appendix] 6.5.8 Incorporate training curriculum in core training and new-worker training. 6.5.9 Provide Coaching and Mentoring in FTDM for supervisors. 6.5.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05]. 6.5.11 Provide consultation for implementation as requested.	1 <sup>st</sup> Quarter *09/04/04  3 <sup>rd</sup> Quarter *04/01/05 3rd Quarter *03/30/05 4th Quarter *07/31/05  4th Quarter *07/31/05  4th Quarter *07/31/05  4th Quarter *07/31/05  Ongoing 04/18/06	
Stability of Foster Care Placement  (Statewide data indicator relating to Item 6)	X							
Item 7: Permanency goal for child  [Mary Nelson, Division of		X	Baseline: 75% Goal: 80% of applicable cases	7.1 Establish a performance standard and indicator for identifying an appropriate, timely permanency goal.	Goal and Negotiated Measure Data	7.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas	Projected: 1 <sup>st</sup> Quarter Actual: * 06/08/04	Projected: 8 <sup>th</sup> Quarter  Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Behavioral, Developmental, and Protective Services; ; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]			have an appropriate permanency goal that is achieved timely  Midterm Goal: 77.5%  Current: 81.25%		[% in which appropriate permanency goal is established in a timely manner]  Supervisory QA moment [Case Reading]	7.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	2 <sup>nd</sup> Quarter *01/31/05	4/28/06
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				7.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	Goal and Negotiated Measure Data  [% in which appropriate permanency goal is established in a timely manner]  Supervisory QA moment [Case Reading]	7.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4 <sup>th</sup> Quarter Actual: *07/30/05	Projected: 8 <sup>th</sup> Quarter  04/18/06
[Wendy Rickman, Service Area Manager; SBT-TT Case Management]			Conduct Family Team Meetings in 23% of families in the identified target population.  Current: 29.39%	7.3 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data  Goal and Negotiated Measure Data  Digital Dashboard	7.3.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation.  7.3.2 Identify target population for implementation.  7.3.3 Set clear expectations for	Projected: 1 <sup>st</sup> Quarter Actual: *05/01/04  1 <sup>st</sup> Quarter *10/01/04	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
					[% of cases in which Family Team Meetings are held]  Quarterly Report of Benchmark Completion.	practice through “Practice Standards for Family Team Decision Making;” adopted for implementation.  7.3.4 Establish a mechanism to list approved facilitators and approved training curriculum.  7.3.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM.  7.3.6 Develop training curriculum. . [See Training Plan in the PIP Narrative Appendix]  7.3.7 Provide training statewide. 7.3.8 Incorporate training curriculum in core training and new-worker training.  7.3.9 Provide Coaching and Mentoring in FTDM for supervisors.  7.3.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05].  7.3.11 Provide consultation for implementation as requested.	1 <sup>st</sup> Quarter *05/04/04  1 <sup>st</sup> Quarter *09/04/04  3 <sup>rd</sup> Quarter *04/01/05  3rd Quarter *03/30/05  4th Quarter *07/30/05 4th Quarter *07/30/05  4th Quarter *07/30/05 4th Quarter *07/30/05  Ongoing 04/18/06	
[Wendy Rickman, Service Area Manager; SBT-TT Case Management]				7.4 Promote and implement permanency policy and training.	Quarterly Report of Benchmark Completion.	7.4.1 Assess current policy and curriculum for permanency.  7.4.2 Develop and implement policy and protocol for permanency.  7.4.3 Develop curriculum on	Projected: Projected: 4 <sup>th</sup> Quarter *07/30/05  5 <sup>th</sup> Quarter	Projected: 8 <sup>th</sup> Quarter 04/18/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						<p>permanency that includes concurrent planning, permanency planning, reasonable efforts to achieve the permanency goal, timely adoption, through use of the National Resource Center for Foster Care and Permanency Planning and for Legal and Judicial</p> <p>7.4.4 Training committee reviews curriculum.</p> <p>7.4.5 Incorporate curriculum into training for new-workers and on-going core training.</p> <p>7.4.6 Service Area Supervisors will assure the permanency policy is implemented.</p>	<p>10/30/05</p> <p>5<sup>th</sup> Quarter 10/30/05</p> <p>6<sup>th</sup> Quarter 01/30/06</p> <p>6<sup>th</sup> Quarter 07/30/05</p> <p>6<sup>th</sup> Quarter 11/09/05</p>	
Item 8: Reunification, guardianship, or permanent placement with relatives	X						<p>Projected:</p> <p>Actual:</p>	<p>Projected:</p> <p>Actual:</p>
Length of Time to Achieve Permanency Goal of Reunification (Statewide data indicator relating to Item 8)	X						<p>Projected:</p> <p>Actual:</p>	<p>Projected:</p> <p>Actual:</p>
Item 9: Adoption		X	Baseline: 55%	9.1 Establish a performance standard and indicator for achieving finalized	Goal and Negotiated	9.1.1 Develop model of practice including performance	Projected: 1 <sup>st</sup> Quarter	Projected: 8 <sup>th</sup> Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
[Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]			Goal: 60% achieved finalized adoption within 24 months of placement in foster care  Midterm: 57.5% <b>Current: 100%</b>	adoption within 24 months of placement in foster care	<b>Measure Data</b>  <b>Supervisory QA moment [Case Reading]</b>	standards, establish indicators, and expectation for service areas  9.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Actual: *06/08/04	Actual: <b>04/18/06</b>
							2 <sup>nd</sup> Quarter *01/31/05	
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				9.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	<b>Goal and Negotiated Measure Data</b>  <b>Supervisory QA moment [Case Reading]</b>	9.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4 <sup>th</sup> Quarter Actual: *07/30/05	Projected: 8 <sup>th</sup> Quarter  Actual: <b>04/18/06</b>
[Wendy Rickman, Service Area Manager; SBT-TT Case Management]				9.3 Promote and implement permanency policy and training.	Quarterly Report of Benchmark Completion.	9.3.1 Assess current policy and curriculum for permanency.	Projected: 4 <sup>th</sup> Quarter *07/30/05	Projected: 8 <sup>th</sup> Quarter Actual: <b>04/18/06</b>
						9.3.2 Develop and implement policy and protocol for permanency.	5 <sup>th</sup> Quarter 10/30/05	
						9.3.3 Develop curriculum on permanency that includes concurrent planning, permanency planning, reasonable efforts to achieve the permanency goal, timely adoption, through use of the National Resource Center for	5 <sup>th</sup> Quarter 10/30/05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						Foster Care and Permanency Planning and for Legal and Judicial 9.3.4 Training committee reviews curriculum. 9.3.5 Incorporate curriculum into training for new-workers and on-going core training. . [See Training Plan in the PIP Narrative Appendix] 9.3.6 Service Area Supervisors will assure the permanency policy is implemented.	6 <sup>th</sup> Quarter 01/30/06  6 <sup>th</sup> Quarter 07/30/05  6 <sup>th</sup> Quarter 11/09/05	
Length of Time to Achieve Permanency Goal of Adoption (Statewide data indicator relating to Item 9)	X						Projected:  Actual:	Projected:  Actual:
Item 10: Permanency goal of other planned permanent living arrangement  [Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]		X	Baseline: 80%  Goal: 85% of children who have other planned permanent living arrangements will receive appropriate services to maintain placement stability.  Midterm Goal:	10.1 Review all children age 17 for potential eligibility for SSA and SSI to ensure they are receiving the supports they need to maintain placement stability.	Goal and Negotiated Measure Data  Supervisory QA moment [Case Reading]	10.1.1 Implement initial review [550 current cases] of all children in foster care age 17 or older to determine potential for SSA and SSI.  10.1.2 Establish monthly ongoing desk review of children 17 or older to determine potential SSA and SSI  10.1.3 Expand Benefit Team Service contract to include a review of	Projected: 1 <sup>st</sup> Quarter Actual: * ¾  1 <sup>st</sup> Quarter * 11/03 & ongoing  1 <sup>st</sup> Quarter * 11/03 & ongoing	Projected: 8 <sup>th</sup> Quarter  Actual: 04/18/06



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
			82.5% Current: 88.9%			children for possible SSI and SSA benefits.		
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				10.2 Implementing training based on the Ansell Casey Life Skills Assessment	IFAPA monthly activity report	10.2.1 Contract with Iowa Foster and Adoptive to provide training for foster and adoptive parents, group home staff, and caseworkers. Training focuses on effective methods for preparing and assisting older adolescents in foster care for successful transition to self-sufficiency.  10.2.2 Promote life skill development through a “hands-on” approach by providing training to caregivers based in Ansell Casey Life Assessment Tool – 16 Teaching Life Skills training sessions, each 6 hours in length.	Projected: 3 <sup>rd</sup> Quarter Actual: *04/30/05          3 <sup>rd</sup> Quarter *04/30/05	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				10.3 Develop and implement educational/training voucher program per federal legislation.	Quarterly Report of Benchmark Completion	10.3.1 Partner with Workforce Development, College Aid Commission and Iowa Aftercare Network to design the program: <ul style="list-style-type: none"> <li>Design an application for educational and training vouchers</li> <li>Distribute statewide: DHS, Schools, IFAPA, IWD, Providers etc.</li> </ul>	Projected: 2 <sup>nd</sup> Quarter * 07/30/04	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						<ul style="list-style-type: none"> <li>Hire Coordinator for the program</li> <li>Implement funding</li> </ul> 10.3.2 Expand college scholarships to children ageing out of foster care through Iowa Student Aid via the voucher program.  10.3.3 Utilize vouchers to assist children who are aging out of foster care achieve educational training goals to assist with attending and approved education and training program	3 <sup>rd</sup> Quarter *04/30/05          4 <sup>th</sup> Quarter 07/01/05	
[Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				10.4 Establish transition teams in each service area to review transition plans to assure they are adequate to meet the needs of the youth, and approve transition plans for all foster children, age 16 or older, in care.	Quarterly Report of Benchmark Completion	10.4.1 Promulgate Iowa Administrative Code that defines and structures transition teams.  10.4.2 Establish transition teams and provide training. . [See Training Plan in the PIP Narrative Appendix]  10.4.3 Implement team reviews.	Projected: 1 <sup>st</sup> Quarter Actual: * 06/01/04 3 <sup>rd</sup> Quarter *07/01/04   4 <sup>th</sup> Quarter 7/30/2005	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06
Outcome P2: The continuity of family relationships and connections is preserved for children          [Pat Penning, Service Area Manager; Vern Armstrong,		X	Meet Individual Items Below	See Action Steps: Item 14.1 – 14.6	Individual Items Met  Quarterly Report of Benchmark Completion	See Benchmarks 14.1.1 – 14.6.3	Projected:   Actual: 04/18/06	Projected: 8 <sup>th</sup> Quarter   Actual: 04/18/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Bureau of Protective Services]								
Item 11: Proximity of foster care placement	X						Projected:	Projected:
							Actual:	Actual:
Item 12: Placement with siblings	X						Projected:	Projected:
							Actual:	Actual:
Item 13: Visiting with parents and siblings in foster care	X							
Item 14: Preserving connections  [Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]		X	Substitute Meaningful Strategy: Court Review	14.1 Establish a performance standard and indicator for preserving connections [applies to all children in foster care].	Quarterly Report of Benchmark Completion	14.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas  14.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1 <sup>st</sup> Quarter Actual: * 06/01/04	Projected: 8 <sup>th</sup> Quarter  Actual: 01/31/05
							2 <sup>nd</sup> Quarter *01/31/05	
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				14.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance [applies to all children in foster care].	Quarterly Report of Benchmark Completion	14.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4 <sup>th</sup> Quarter Actual: *07/30/05	Projected: 8 <sup>th</sup> Quarter  Actual: 04/18/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
[Pat Penning; Service Area Manager; Mary Nelson, Division of Behavioral, Developmental, and Protective Services]				14.3 Respond to the over representation of minority children in the foster care system by launching a demonstration project to preserve connections and maintain minority children of color in their homes.	Quarterly Report of Benchmark Completion.	14.3.1 Launch minority children demonstration project in Des Moines and Sioux City.	Projected: 1 <sup>st</sup> Quarter Actual: * 11/03	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06
[Pat Penning; Service Area Manager; Mary Nelson, Division of Behavioral, Developmental, and Protective Services]				14.4 DHS will partner with Iowa and bordering state Tribes to implement IA-ICWA.	Quarterly Report of Benchmark Completion.	14.4.1 Provide training on IA-ICWA to DHS staff, attorneys, and judges [See Training Plan in the PIP Narrative Appendix].  14.4.2 Issue a manual letter [policy] on IA-ICWA and share with staff  14.4.3 Issue RFP for ICWA consultation for State and Service Areas  14.4.4 Complete initial ICWA review  14.4.5 Revise manual to reflect IA-ICWA and lessons learned from the compliance review	Projected: 1 <sup>st</sup> Quarter Actual: * 10/29/04  1 <sup>st</sup> Quarter *10/29/04 1 <sup>st</sup> Quarter *07/01/04  2 <sup>nd</sup> Quarter *12/03/04  4th Quarter Actual: *01/27/04	Projected: 8 <sup>th</sup> Quarter Actual: *01/27/04
[Pat Penning; Service Area Manager; Mary Nelson, Division of Behavioral, Developmental, and Protective Services]				14.5 Establish Tribal agreements to preserve connections of Native American children.	Quarterly Report of Benchmark Completion.	14.5.1 Meet with at least one tribe to discuss tribal-state agreements  14.5.2 Complete at least one Memorandum of Understanding or Tribal Agreement	Projected: 4 <sup>th</sup> Quarter Actual: 06/15/05  8thQuarter Actual: 07/21/06	Projected: 8 <sup>th</sup> Quarter  Actual: 07/21/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
[Pat Penning; Service Area Manager; Mary Nelson, Division of Behavioral, Developmental, and Protective Services]				14.6 DHS will contract with the University of Iowa, Disproportionate Minority Resource Center for technical assistance to children of color demonstration project sites and statewide.	Quarterly Report of Benchmark Completion.	14.6.1 Identify the amount and source of funding for contract with Disproportionate Minority Resource Center	Projected: 1st Quarter Actual: * 06/01/04	Projected: 8 <sup>th</sup> Quarter Actual: <b>01/31/05</b>
						14.6.2 Finalize scope of work and results measures	1st Quarter 10/01/04	
						14.6.3 Negotiate contract.	2 <sup>nd</sup> Quarter 01/31/05	
[Gail Barber, CIP, Mary Nelson, Division of Behavioral, Developmental, and Protective Services]				14.7 CIP and DHS will partner to promote judicial review of preserving connections.		14.7.1 Add questions to to the Judges Survival Guide	Projected: 8th Quarter Actual: *	Projected: 8 <sup>th</sup> Quarter   Actual: <b>07/31/06</b>
						14.7.2 Publish a CIP newsletter with “Preserving Connection” topic.	8th Quarter	
						14.7.3 Presentation of strategies at the Judges Conference.	8thQuarter	
Item 15: Relative placement  [Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]		X	Baseline: 77%  Goal: 82% of all foster care cases will make diligent efforts to locate and assess both maternal and paternal relatives as a potential placement source. Mid-term Goal: 79.5% <b>Current: 82.1%</b>	15.1 Establish a performance standard and indicator for relative placements.	<b>Goal and Negotiated Measure Data</b>  <b>Supervisory QA moment [Case Reading]</b>	15.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas  15.1.2 Electronically communicate to all staff performance standards, indicators, and expectations	Projected: 1 <sup>st</sup> Quarter Actual: * 06/08/04  2 <sup>nd</sup> Quarter *01/31/05	Projected: 8 <sup>th</sup> Quarter  Actual: <b>04/18/06</b>
[Vern Armstrong, Bureau of Protective Services; Bill				15.2 Conduct quarterly review of performance and initiate corrective	<b>Quarterly Report of Benchmark</b>	15.2.1 Service Area Managers will monitor and review performance	Projected: 4 <sup>th</sup> Quarter	Projected: 8 <sup>th</sup> Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				action to address non-compliance.	Completion.  Goal and Negotiated Measure Data  Supervisory QA moment [Case Reading]	standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Actual: *07/30/05	Actual: 04/18/06
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				15.3 Initiate an information system change to automate tracking relative cases.	Quarterly Report of Benchmark Completion.	15.3.1 Submit a service request for FACS system change to track relative placement  15.3.2 Complete programming to report and monitor performance quarterly and report compliance to service areas.	Projected: 1 <sup>st</sup> Quarter Actual: *06/29/04  4 <sup>th</sup> Quarter Actual: *07/30/05	Projected: 8 <sup>th</sup> Quarter 07/30/05
[Pat Penning, Service Area Manager; Vern Armstrong, Bureau of Protective Services]				15.4 Establish “kinship care” policy, monitor compliance with diligent search procedures.	Quarterly Report of Benchmark Completion.	15.4.1 Develop and publish “kinship care” guide that includes: <ul style="list-style-type: none"> <li>Criteria and procedures for diligent search for maternal and paternal relatives</li> <li>Assessment of relative for placement</li> </ul>	Projected: 5 <sup>th</sup> Quarter  Actual: 09/30/05	Projected: 8 <sup>th</sup> Quarter  Actual: 09/30/05
[Ken Riedel, Service Area Manager; SBT-TT Training]				15.5 Provide “kinship care” training.	Quarterly Report of Benchmark Completion.	15.5.1 Develop “kinship care” training curriculum with technical assistance of the National Resource Center for Foster Care and Permanency  15.5.2 Provide training to DHS,	Projected: 5 <sup>th</sup> Quarter  09/30/05  6 <sup>th</sup> Quarter	Projected: 8 <sup>th</sup> Quarter  Actual: 1/30/06

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						juvenile court officers, and providers [See Training Plan in the PIP Narrative Appendix]	Actual: 1/30/06	
Item 16: Relationship of child in care with parents  [Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]		X	Substitute Meaningful Strategy: Court Review	16.1 Establish a performance standard and indicator for promoting parent child relationships by facilitating and encouraging visitation, involving parents in child's medical care, involving parents in child's recreational and school activities, or through family counseling.	Quarterly Report of Benchmark Completion.  Goal and Negotiated Measure Data  Supervisory QA moment [Case Reading]	16.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas  16.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1 <sup>st</sup> Quarter Actual: * 06/08/04  2 <sup>nd</sup> Quarter *01/31/05	Projected: 8 <sup>th</sup> Quarter  Actual: 01/31/05
[Vern Armstrong, Bureau of Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				16.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	Quarterly Report of Benchmark Completion.  Goal and Negotiated Measure Data  Supervisory QA moment [Case Reading]	16.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4 <sup>th</sup> Quarter Actual: *07/30/05	Projected: 8 <sup>th</sup> Quarter  Actual: 04/18/06
[Ken Riedel, Service Area Manager; Vern Armstrong,			Conduct Family Team Meetings in	16.3 Promote and implement Family Team Decision Making [FTDM]	FACS administrative data	16.3.1 Conduct a survey of social workers that have successfully	Projected: 1 <sup>st</sup> Quarter	Projected: 8 <sup>th</sup> Quarter

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Bureau of Protective Services]			23% of families in the identified target population.  Current: 29.39%	statewide.	Goal and Negotiated Measure Data  Digital Dashboard  [% of cases in which Family Team Meetings are held}  Quarterly Report of Benchmark Completion.	implemented family team decision making to determine current system strengths and needs for implementation.	Actual: * 05/01/04	Actual: 04/18/06:
						16.3.2 Identify target population for implementation.	1 <sup>st</sup> Quarter *10/01/04	
						16.3.3 Set clear expectations for practice through “Practice Standards for Family Team Decision Making;” adopted for implementation.	1 <sup>st</sup> Quarter *05/04/04	
						16.3.4 Establish a mechanism to list approved facilitators and approved training curriculum.	1 <sup>st</sup> Quarter *09/04/04	
						16.3.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM.	3 <sup>rd</sup> Quarter *04/01/05	
						16.3.6 Develop training curriculum.	3 <sup>rd</sup> Quarter *03/30/05	
						16.3.7 Provide training statewide. [See Training Plan in the PIP Narrative Appendix]	4 <sup>th</sup> Quarter *07/30/05	
						16.3.8 Incorporate training curriculum in core training and new-worker training.	4 <sup>th</sup> Quarter *07/30/05	
						16.3.9 Provide Coaching and Mentoring in FTDM for supervisors.	4 <sup>th</sup> Quarter *07/30/05	
						16.3.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05].	4 <sup>th</sup> Quarter *07/30/05	
						16.3.11 Provide consultation for	ongoing	



Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						implementation as requested.	04/18/06	
				16.4 Develop and distribute a guide for DHS and provider staff that includes suggestions on specific activities that they or the foster care provider can do to encourage a positive relationship between the child in care and the child's parents.	Quarterly Report of Benchmark completion.	16.4.1 Develop a Guide for DHS staff. 16.4.2 Distribute the Guide electronically.	Projected: 5 <sup>th</sup> Quarter 07/01/05 5 <sup>th</sup> Quarter 07/01/05	
[Gary Lippe, Service Area Manager; SBT-TT Resource Development]				16.5 Add a performance measure to our provider contracts related to supporting contacts between the child and significant adults (including parents) during the time services are provided.	Quarterly Report of Benchmark completion	16.5.1 <b>Develop and publish data on performance measures for providers that contribute to reducing repeat maltreatment (for item 2), reducing foster care re-entries (for item 5), and improving the relationship of children in care with their parents through provider participation in family team meetings (for item 16).</b>	Projected: 2 <sup>nd</sup> Quarter *01/31/05  6 <sup>th</sup> Quarter 2/27/06	Projected: 8 <sup>th</sup> Quarter Actual: 2/27/06
[Gail Barber, CIP, Mary Nelson, Division of Behavioral, Developmental, and Protective Services]				16.6 CIP and DHS will partner to promote judicial review of DHS promoting parent child relationships by facilitating and encouraging visitation, involving parents in child's medical care, involving parents in child's recreational and school activities, or through family counseling. .	Quarterly Report of Benchmark Completion.	16.6.1 Add questions to to the Judges Survival Guide 16.6.2 Publish a CIP newsletter with "Promoting Relationships" topic. 16.6.3 Presentation of strategies at the Judges Conference.	Projected: 8 <sup>th</sup> Quarter Actual: *  8 <sup>th</sup> Quarter  8 <sup>th</sup> Quarter	Projected: 8 <sup>th</sup> Quarter    Actual: 07/31/06
Outcome WB1: Families have enhanced capacity to provide for		X	Meet Individual Items Below	See Action Steps: Item 17 – Item 20	Meet Individual Items Below	See Benchmarks: 17.1.1 – 20.3.7	Projected: 8 <sup>th</sup> Quarter Actual:	Projected: 8 <sup>th</sup> Quarter Actual:

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
their children's needs  [Wendy Rickman, Service Area Manager; SBT-TT Case Management]							04/18/06	04/18/06
Item 17: Needs and services of child, parents, foster parents  [Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]		X	Baseline: 72% Goal: 75.5% of the needs of children, parents, and foster parents will be adequately assessed and the identified service needs met.  Midterm Goal: 74.5%  Current: 91.67	17.1 Establish a performance standard and indicator for needs and services of child, parents, and foster parents.	Goal and Negotiated Measure Data  Supervisory QA moment [Case Reading]	17.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas  17.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1 <sup>st</sup> Quarter Actual: *06/08/04  2 <sup>nd</sup> Quarter *01/31/05	Projected: 8 <sup>th</sup> Quarter  Actual: 04/28/06
				17.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	Quarterly Report of Benchmark Completion.  Goal and Negotiated Measure Data  Supervisory QA moment [Case Reading]	17.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4 <sup>th</sup> Quarter Actual: *07/30/05	Projected: 8 <sup>th</sup> Quarter  Actual: 04/18/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
[Wendy Rickman, Service Area Manager; SBT-TT Case Management]			Conduct Family Team Meetings in 23% of families in the identified target population.  Current: 29.39%	17.3 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data  Goal and Negotiated Measure Data  Digital Dashboard  [% of cases in which Family Team Meetings are held}  Quarterly Report of Benchmark Completion.	17.3.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation.	Projected: 1 <sup>st</sup> Quarter Actual: * 05/01/04	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06
						17.3.2 Identify target population for implementation.	1 <sup>st</sup> Quarter *10/01/04	
						17.3.3 Set clear expectations for practice through “Practice Standards for Family Team Decision Making;” adopted for implementation.	1 <sup>st</sup> Quarter *05/04/04	
						17.3.4 Establish a mechanism to list approved facilitators and approved training curriculum.	1 <sup>st</sup> Quarter *09/04/04	
						17.3.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM.	3 <sup>rd</sup> Quarter *04/01/05	
						17.3.6 Develop training curriculum.	3 <sup>rd</sup> Quarter *03/30/05	
						17.3.7 Provide training statewide. [See Training Plan in the PIP Narrative Appendix]	4 <sup>th</sup> Quarter 03/30/05	
						17.3.8 Incorporate training curriculum in core training and new-worker training.	4 <sup>th</sup> Quarter 07/01/05	
						17.3.9 Provide Coaching and Mentoring in FTDM for supervisors.	4 <sup>th</sup> Quarter *07/30/05	
						17.3.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation]	4 <sup>th</sup> Quarter *07/30/05	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						8/1/04 to 01/01/05]. 17.3.11 Provide consultation for implementation as requested.	Ongoing 04/18/06	
[Wendy Rickman, Service Area Manager; SBT-TT Case Management]		X		17.4 Implement a functional assessment of the family statewide that includes existing assessments, both informal and formal, and contains the current strengths, needs and risks of the child and family. The assessment will identify the critical underlying issues that must be resolved for the child to live safely inside his/her family independent of outside supervision.	Quarterly Report of Benchmark completion	17.4.1 Review existing assessment tools and functional assessment protocols and identify gaps/needs and utilize National Resource Center on Child Maltreatment and Family Centered Services to explore potential functional assessment tools and or modifications to our tools.  17.4.2 Develop and provide training on new or revised tools and processes incorporating assessment changes into new worker training.  17.4.3 Service Area Supervisors will assure the Functional Assessment is implemented and used.	Projected: 3 <sup>rd</sup> Quarter Actual: *03/01/05  4 <sup>th</sup> Quarter 05/18/05  6 <sup>th</sup> Quarter Actual: 11/09/05	Projected: 8 <sup>th</sup> Quarter  Actual: 11/09/05
Item 18: Child and family involvement in case planning  [Mary Nelson, Division of Behavioral, Developmental, and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty,		X	Baseline: 66% Goal: 71% of parents (including pre-adoptive parents or permanent caregivers) and children (if age-appropriate are	18.1 Establish a performance standard and indicator for parent and child involvement in case planning that includes a parent or child actively participating in identifying the services and goals included in the case plan	Quarterly Report of Benchmark Completion.  Goal and Negotiated Measure Data  Supervisory QA	18.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas  18.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1 <sup>st</sup> Quarter Actual: *06/08/04  2 <sup>nd</sup> Quarter * 01/31/05	Projected: 8 <sup>th</sup> Quarter  Actual: 4/28/06

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Service Area Manager]			involved in the case planning (and if not, their involvement is contrary to the child's best interest).  Mid-term Goal: 68.5%  <b>Current: 80.85%</b>		moment [Case Reading]			
				18.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	Quarterly Report of Benchmark Completion.  Goal and Negotiated Measure Data  Supervisory QA moment [Case Reading]	18.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4 <sup>th</sup> Quarter Actual: *07/30/05	Projected: 8 <sup>th</sup> Quarter  Actual: <b>04/18/06</b>
[Wendy Rickman, Service Area Manager; SBT-TT Case Management]			Conduct Family Team Meetings in <b>23%</b> of families in the identified target population.  <b>Current: 29.39%</b>	18.3 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data  Goal and Negotiated Measure Data  Digital Dashboard [% of cases in	18.3.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation.  18.3.2 Identify target population for implementation.  18.3.3 Set clear expectations for	Projected: 1 <sup>st</sup> Quarter Actual: *05/01/04  1 <sup>st</sup> Quarter *10/01/04	Projected: 8 <sup>th</sup> Quarter Actual: <b>04/18/06</b>

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
					which Family Team Meetings are held}  Quarterly Report of Benchmark Completion.	practice through “Practice Standards for Family Team Decision Making;” adopted for implementation.  18.3.4 Establish a mechanism to list approved facilitators and approved training curriculum.  18.3.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM.  18.3.6 Develop training curriculum. 18.3.7 Provide training statewide. [See Training Plan in the PIP Narrative Appendix]  18.3.8 Incorporate training curriculum in core training and new-worker training.  18.3.9 Provide Coaching and Mentoring in FTDM for supervisors. 18.3.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05].  18.3.11 Provide consultation for implementation as requested.	1 <sup>st</sup> Quarter *05/04/04  1 <sup>st</sup> Quarter *09/04/04  3 <sup>rd</sup> Quarter *04/01/05 3rd Quarter *03/30/05 4th Quarter *03/30/05  4th Quarter *07/30/05  4th Quarter *07/30/05 4th Quarter *07/30/05  Ongoing 04/18/06	
[Mary Nelson, Child Welfare Director; SBT TT System Imprvoement]]				18.4 Develop and implement “one family – one plan.”	Quarterly Report of Benchmark completion	<del>18.4.1 – Complete Memorandums of agreement with child welfare partners, i.e. education, substance abuse, domestic violence, mental health, corrections.</del>	Projected:	Projected: 8 <sup>th</sup> Quarter  Actual: 11/09/05

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						18.4.2 Develop and implement policy and protocol for “one family – one plan”. 18.4.3 Revise the Case Plan if indicated during protocol development. 18.4.4 Develop curriculum on “one family – one plan.” 18.4.5 Training committee reviews curriculum. 18.4.6 Incorporate curriculum into training for new-workers and on-going core training. . [See Training Plan in the PIP Narrative Appendix] 18.4.7 Service Area Supervisors will assure the “one family – one plan” is implemented and used.	4 <sup>th</sup> Quarter 06/30/05  4 <sup>th</sup> Quarter 10/06/04  5 <sup>th</sup> Quarter 10/30/05  5 <sup>th</sup> Quarter 10/30/05 5 <sup>th</sup> Quarter 10/30/05  6 <sup>th</sup> Quarter Actual: 11/09/05	
Item 19: Worker visits with child  [Evan Klenk, Service Area Manager; Vern Armstrong, Bureau of Protective Services]		X	Baseline 10%  Goal: 25% of cases will have quality visits at least monthly with children  Midterm: 17.5%  <b>Current: 27%</b>	19.1 Establish a performance standard and indicator for worker visitation with the child.	<b>Quarterly Report of Benchmark Completion.</b>  <b>Goal and Negotiated Measure Data</b>  <b>Supervisory QA moment [Case Reading]</b>	19.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas  19.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1 <sup>st</sup> Quarter Actual: *06/08/04  2 <sup>nd</sup> Quarter * 01/31/05	Projected: 8 <sup>th</sup> Quarter  Actual: <b>04/28/06</b>

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
				19.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	<p>Quarterly Report of Benchmark Completion.</p> <p>Goal and Negotiated Measure Data</p> <p>Supervisory QA moment [Case Reading]]</p>	19.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	<p>Projected: 4<sup>th</sup> Quarter</p> <p>Actual: *07/30/05</p>	<p>Projected: 8<sup>th</sup> Quarter</p> <p>Actual: 04/18/06</p>
[Tom Bouska Service Area Manager; Vern Armstrong, Bureau of Protective Services]				19.3 Reduce case managers administrative workload in order to re-invest freed up time into face-to-face contact with children and families – thus improving engagement and frequency of worker visits with children and parents	<p>Quarterly Report of Benchmark Completion.</p> <p>Goal and Negotiated Measure Data</p> <p>Supervisory QA moment [Case Reading]</p>	<p>19.3.1 Contract with the Center for Support of Families to help us review the case flow from child abuse referral to case closure.</p> <p>19.3.2 Identify opportunities to eliminate and/or streamline administrative tasks and to ensure that we are documenting the right information at the right time in order to inform worker decision-making.</p> <p>19.3.3 Review and approve recommended changes in case flow and documentation requirements.</p> <p>19.3.4 Revise policy and/or procedures to be consistent with changes.</p> <p>19.3.5 Develop curriculum for CW Redesign Training for DHS staff</p>	<p>Projected: 1<sup>st</sup> Quarter</p> <p>Actual: *10/16/04</p> <p>2<sup>nd</sup> Quarter *01/31/05</p> <p>3<sup>rd</sup> Quarter *12/15/04</p> <p>4<sup>th</sup> Quarter *07/30/05</p> <p>4<sup>th</sup> Quarter *030/01/05</p>	<p>Projected: 8<sup>th</sup> Quarter</p> <p>Actual: 04/18/06</p>



Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						<p>on case flow and documentation changes.</p> <p>19.3.6 Train staff. . [See Training Plan in the PIP Narrative Appendix]</p> <p>19.3.7 Implement case flow and documentation requirement changes.</p>	<p>5<sup>th</sup> Quarter 10/30/05</p> <p>5<sup>th</sup> Quarter Actual: 2/5/05 3/1/05 10/30/05</p>	
<p><b>Item 20:</b> <b>Worker visits with parents</b></p> <p>[Evan Klenk, Service Area Manager; Vern Armstrong, Bureau of Protective Services]</p>		X	<p>Baseline 23%</p> <p>Goal: <b>28%</b> of cases will have quality visits at least monthly with children</p> <p><b>Current: 27%</b></p>	<p>20.1 Establish a performance standard and indicator for worker visitation with the parents</p>	<p><b>Quarterly Report of Benchmark Completion.</b></p> <p><b>Goal and Negotiated Measure Data</b></p> <p><b>Supervisory QA moment [Case Reading]</b></p>	<p>20.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas</p> <p>20.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.</p>	<p>Projected: 1<sup>st</sup> Quarter Actual: *06/08/04</p> <p>2<sup>nd</sup> Quarter * 01/31/05</p>	<p><b>Projected: 8<sup>th</sup> Quarter</b></p> <p><b>Actual:</b></p>
				<p>20.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.</p>	<p><b>Quarterly Report of Benchmark Completion.</b></p> <p><b>Goal and Negotiated Measure Data</b></p>	<p>20.2.1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.</p>	<p>Projected: 4<sup>th</sup> Quarter Actual: *07/30/05</p>	<p>Projected: 8<sup>th</sup> Quarter</p> <p>Actual: <b>04/18/06</b></p>

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
					Supervisory QA moment [Case Reading]]			
[Tom Bouska Service Area Manager; Vern Armstrong, Bureau of Protective Services]				20.3 Reduce case managers administrative workload in order to re-invest freed up time into face-to-face contact with children and families – thus improving engagement and frequency of worker visits with children and parents	Quarterly Report of Benchmark Completion.  Goal and Negotiated Measure Data  Supervisory QA moment [Case Reading]	20.3.1 Contract with the Center for Support of Families to help us review the case flow from child abuse referral to case closure.  20.3.2 Identify opportunities to eliminate and/or streamline administrative tasks and to ensure that we are documenting the right information at the right time in order to inform worker decision-making.  20.3.3 Review and approve recommended changes in case flow and documentation requirements.  20.3.4 Revise policy and/or procedures to be consistent with changes.  20.3.5 Develop curriculum for CW Redesign Training for DHS staff on case flow and documentation changes.  20.3.6 Train staff. . [See Training Plan in the PIP Narrative Appendix]  20.3.7 Implement case flow and documentation requirement changes.	Projected: 1 <sup>st</sup> Quarter Actual: *10/16/04  2 <sup>nd</sup> Quarter *01/31/05  3 <sup>rd</sup> Quarter *12/15/04  4 <sup>th</sup> Quarter 03/01/05 4 <sup>th</sup> Quarter 03/30/05  5 <sup>th</sup> Quarter 02/05/05  5 <sup>th</sup> Quarter Actual: 02/05/05	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Outcome WB2: Children receive appropriate services to meet their educational needs	X						Projected:	Projected:
							Actual:	Actual:
Item 21: Educational needs of the child	X						Projected:	Projected:
							Actual:	Actual:
Outcome WB3: Children receive adequate services to meet their physical and mental health needs  [Ken Riedel, Service Area Manager; Vern Armstrong, Bureau of Protective Services]		X	Meet Individual Items Below	WB3.1: Establish a performance standard and indicator for the cases in which both physical and mental health needs (including substance abuse) are appropriately assessed (annual physical exam and regular EPSDT screenings) and service provided to meet needs.	Quarterly Report of Benchmark Completion	WB3.1.1 Develop model of practice including performance standards, establish indicators, and expectation for service areas  WB3.1.2 Electronically communicate to all staff performance standards, indicators, and expectations.	Projected: 1 <sup>st</sup> Quarter Actual: * 06/08/04	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06
							2 <sup>nd</sup> Quarter * 01/31/05	
				WB3.2: Conduct quarterly review of performance and initiate corrective action to address non-compliance.	Administrative data  Goal and Negotiated Measure Data  [% of children in foster care will receive adequate services to meet their physical and	WB3.2 1 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4 <sup>th</sup> Quarter Actual: *07/30/05	Projected: 8 <sup>th</sup> Quarter  Actual: 04/18/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
					mental health needs.]			
Item 22: Physical health of the child	X		Baseline: 89% [Strength]  % of cases in which children have access to health care through Medicaid, HAWK-I, or private insurance	22.1 Increase access to health care through Medicaid, HAWK-I or private insurance	Goal and Negotiated Measure Data  Supervisory QA moment [Case Reading]	22.1.1 Workgroup formed  22.1.2 Strategies developed with time frames  22.1.3 Begin statewide implementation	Projected: 2 <sup>nd</sup> Quarter *01/31/05 4 <sup>th</sup> Quarter *07/30/05 4 <sup>th</sup> Quarter *07/30/05	Projected: 8 <sup>th</sup> Quarter  Actual: *07/30/05
Item 23: Mental health of the child  [Pat Penning, Service Area Manager; Vern Armstrong, Bureau of Protective Services]	X		Baseline: 86% [Strength]	[See WB3.1 – WB3.2]	[See WB3.1 – WB3.2]	[See WB3.1.1 – WB3.2.1]	Projected:  Actual:	Projected:  Actual:
				23.1 Strengthen expectations within Iowa Plan contract to improve assessment of mental health issues and access to mental health services for children in child welfare and juvenile justice systems.	Performance data within Iowa Plan	23.1.1 Include expectations in RFP for Iowa Plan  23.1.2 Include expectations in contract negotiations  23.1.3 Implement Iowa Plan changes to better address mental health needs of children in foster care	Projected: 2 <sup>nd</sup> Quarter *01/31/05 3 <sup>rd</sup> Quarter *04/30/05 4 <sup>th</sup> Quarter *07/30/05	Projected: 8 <sup>th</sup> Quarter  Actual: 04/18/06

Program Improvement Implementation										
1			2	3		4	5		6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps		Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement		
								Benchmark	Goal	
	A	NA								
[Mary Nelson, Child Welfare Director; SBT-TT System Improvement]				23.2	Negotiate state level Memorandum of Agreement with the Department of Education and Department of Public Health to address service needs [i.e. education, mental health, substance abuse, medical, public and private service providers, etc.]	Quarterly Report of Benchmark completion	23.2.1 Develop list of issues/scope for Memorandum of Agreements.  23.2.2 Negotiate initial draft. 23.2.3 Finalize signatures.	Projected: 1 <sup>st</sup> Quarter Actual: * 06/08/04 2 <sup>nd</sup> Quarter *01/31/05 8 <sup>th</sup> Quarter 07/21/06	8 <sup>th</sup> Quarter 07/21/06	
Systemic Factor 1: Statewide Information System	X								Projected:  Actual:	Projected:  Actual:
Item 24: State is operating a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care	X								Projected:  Actual:	Projected:  Actual:
Systemic Factor 2: Case Review System  [Wendy Rickman, Service Area Manager; SBT-TT Case		X	Provide a process that ensures that each child has a written case plan to be developed jointly with the child's	See Action Steps: Items 25 and 29		QSR Qualitative Data	See Benchmarks 25.1 – 25.2.3.		Projected: 8 <sup>th</sup> Quarter  Actual: 04/18/06	Projected: 8 <sup>th</sup> Quarter  Actual: 04/18/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Management]			parents. Provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing					
<p>Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions</p> <p>[Wendy Rickman, Service Area Manager; SBT-TT Case Management]</p>		X	<p>Conduct Family Team Meetings in 23% of families in the identified target population.</p> <p>Current: 29.39%</p>	25.1 Promote and implement Family Team Decision Making [FTDM] statewide.	<p>FACS administrative data</p> <p>Goal and Negotiated Measure Data</p> <p>Digital Dashboard</p> <p>[% of cases in which Family Team Meetings are held]</p> <p>Quarterly Report of Benchmark Completion.</p>	<p>25.1.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and needs for implementation.</p> <p>25.1.2 Identify target population for implementation.</p> <p>25.1.3 Set clear expectations for practice through "Practice Standards for Family Team Decision Making;" adopted for implementation.</p> <p>25.1.4 Establish a mechanism to list approved facilitators and approved training curriculum.</p> <p>25.1.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM.</p> <p>25.1.6 Develop training curriculum.</p> <p>25.1.7 Provide training statewide. [See</p>	<p>Projected: 1<sup>st</sup> Quarter Actual: * 05/01/04</p> <p>1<sup>st</sup> Quarter *10/01/04</p> <p>1<sup>st</sup> Quarter *05/04/04</p> <p>1<sup>st</sup> Quarter *09/04/04</p> <p>3<sup>rd</sup> Quarter *04/01/05</p> <p>3rd Quarter *03/30/05</p>	<p>Projected: 8<sup>th</sup> Quarter</p> <p>Actual: 04/18/06</p>

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						Training Plan in the PIP Narrative Appendix] 25.1.8 Incorporate training curriculum in core training and new-worker training. 25.1.9 Provide Coaching and Mentoring in FTDM for supervisors. 25.1.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05]. 25.1.11 Provide consultation for implementation as requested.	4th Quarter *03/30/05 4th Quarter *07/30/05 4th Quarter *07/30/05 4th Quarter *07/30/05 Ongoing 04/18/06	
[Wendy Rickman, Service Area Manager; SBT-TT Case Management]				25.2 Develop and implement “one family – one plan.”	Quarterly Report of Benchmark completion	<del>25.2.1 Complete Memorandums of agreement with child welfare partners, i.e. education, substance abuse, domestic violence, mental health, corrections.</del> 25.2.2 Develop and implement policy and protocol for “one family – one plan”. 25.2.3 Revise the Case Plan if indicated during protocol development. 25.2.4 Develop curriculum on “one family – one plan.” 25.2.5 Training committee reviews curriculum.	Projected: 8 <sup>th</sup> Quarter 4 <sup>th</sup> Quarter 07/31/05 4 <sup>th</sup> Quarter 03/01/05 5 <sup>th</sup> Quarter 10/30/05 5 <sup>th</sup> Quarter 10/30/05	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						25.2.6 Incorporate curriculum into training for new-workers and on-going core training. . [See Training Plan in the PIP Narrative Appendix]  25.2.7 Service Area Supervisors will assure the “one family – one plan” is implemented and used.	5 <sup>th</sup> Quarter 10/30/05  6 <sup>th</sup> Quarter 11/09/05	
Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review	X						Projected:  Actual:	Projected:  Actual:
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter	X						Projected:  Actual:	Projected:  Actual:
Item 28: Provides a process for termination of parental rights proceedings in accordance	X						Projected:  Actual:	Projected:  Actual:



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
with the provisions of the Adoption and Safe Families Act								
<p>Item 29: Provides a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child</p> <p>[Ken Riedel, Service Area Manager, Vern Armstrong, Bureau of Protective Services]</p>		X	Provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing	29.1 Inform foster parents and pre-adoptive parents, and relative caregivers that they are to be notified and given the opportunity to be heard in any review or hearing.	Quarterly Report of Benchmark Completion	<p>29.1.1 Court Improvement Project, DHS, Iowa Foster and Adoptive Parent Association, and the Child Advocacy Board will partner to develop a “Guide to Juvenile Court for Foster Parents” that includes their right to participate and be heard in reviews and hearings.</p> <p>29.1.2 DHS will contract with Iowa Foster and Adoptive Parent Association to provide training for foster and pre-adoptive parents</p> <p>29.1.3 DHS will provide caseworker training. . [See Training Plan in the PIP Narrative Appendix]</p>	<p>Projected: 1<sup>st</sup> Quarter Actual: * 10/01/04</p> <p>2<sup>nd</sup> Quarter *07/01/04</p> <p>4<sup>th</sup> Quarter Actual: *07/30/05</p>	<p>Projected:</p> <p>Actual: 04/18/06</p>
<p>Systemic Factor 3: Quality Assurance System</p> <p>[Mary Nelson, Division of Behavioral, Developmental and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]</p>		X	Develop and operate an identifiable quality assurance system statewide, evaluate the quality of services, identify strengths and needs of the service delivery system,	See Action Steps 31.1 through 31.4	Quarterly Report of Benchmark completion	See Benchmarks 31.1.1 through 31.4.1	<p>Projected: 8<sup>th</sup> Quarter</p> <p>Actual: 04/18/06</p>	<p>Projected: 8<sup>th</sup> Quarter</p> <p>Actual: 04/18/06</p>

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
			provide relevant reports, and evaluate improvement measures implemented.					
Item 30: The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children	X							
Item 31: The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented  [Mary Nelson, SBT-TT System Improvement]		X	Develop and operate an identifiable quality assurance system statewide, evaluate the quality of services, identify strengths and needs of the service delivery system, provide relevant reports, and evaluate improvement measures implemented.	31.1 DHS will establish a model of practice, performance standards and indicators that include: <ul style="list-style-type: none"> <li>▪ Timeliness of investigations</li> <li>▪ Repeat maltreatment</li> <li>▪ Foster care re-entries</li> <li>▪ Stability of foster care</li> <li>▪ Timely and appropriate permanency goal</li> <li>▪ Timely adoption</li> <li>▪ Preserving connections</li> <li>▪ Relative placement</li> <li>▪ Relationship of child in care with parents</li> </ul>	Quarterly Report of Benchmark completion	31.1.1 Establish model of practice, including performance standard, indicators, and expectation for service areas  31.1.2 Adopt and publish written outcome measures and performance indicators  31.1.3 Electronically communicate to all staff performance standards, indicators, and expectations.  31.1.4 Complete request for programming for STAR and FACS for quarterly reports  31.1.5 Develop protocols and formats for sampling and data reports for:	Projected: 1 <sup>st</sup> Quarter Actual: * 06/08/04  1 <sup>st</sup> Quarter * 06/08/04  1 <sup>st</sup> Quarter * 06/08/04  1 <sup>st</sup> Quarter * 06/29/04  2 <sup>nd</sup> Quarter *01/31/05	Projected: 8 <sup>th</sup> Quarter  Actual: 04/18/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
				<ul style="list-style-type: none"> <li>Needs and services of child, parents, foster parents</li> <li>Worker visits with child and parents</li> <li>Children receive adequate health and mental health assessment and services</li> </ul>		<ul style="list-style-type: none"> <li>STAR administrative data</li> <li>FACS administrative data</li> <li>QSR Qualitative Data</li> <li>Telephone survey/inquiry</li> <li>Child and Parent Survey</li> <li>Supervisory QA moment</li> </ul>	3 <sup>rd</sup> Quarter 04/30/05 4 <sup>th</sup> Quarter *07/30/05 5 <sup>th</sup> Quarter  6 <sup>th</sup> Quarter Actual: 04/22/04 06/30/05 07/01/05 2/15/06	
[Mary Nelson, Division of Behavioral, Developmental and Protective Services; Bill Gardam, Results Based Accountability; Marc Baty, Service Area Manager]				31.2 Conduct quarterly review of performance and initiate corrective action to address non-compliance.	STAR administrative data FACS administrative data Goal and Negotiated Measure Data Digital Dashboard Supervisory QA	31.3 Service Area Managers will monitor and review performance standards quarterly and initiate corrective action to make progress toward the goal. Service Area monitoring and planning for corrective action will involve front line supervisors.	Projected: 4 <sup>th</sup> Quarter  Actual: 07/30/05	Projected: 8 <sup>th</sup> Quarter  Actual: 04/18/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
					moments [Case Reading]			
[Mary Nelson, SBT-TT System Improvement]				31.3 DHS will establish an agency-wide quality assurance system, into which the child welfare quality assurance activities can be incorporated	Quarterly Report of Benchmark completion	31.3.1 State level Quality Assurance Team is established	Projected: 1 <sup>st</sup> Quarter Actual: *	Projected: 8 <sup>th</sup> Quarter
						31.3.2 Child Welfare Quality Assurance Plan proposal will be presented for approval	06/30/04 2 <sup>nd</sup> Quarter *01/31/05	Actual: 04/18/06
						31.3.3 Service Area QA teams are established	2 <sup>nd</sup> Quarter *01/31/05	
						31.3.4 Child Welfare QA activities will be initiated and reports issued	4 <sup>th</sup> Quarter *07/30/05	
						<ul style="list-style-type: none"> <li>Administrative data reports will be issued</li> <li>5 QSR reviews will be conducted per year; each site will select 8 – 10 cases. The QSR review tool will be reviewed and revised to be consistent with the DFSR requirements.</li> <li>Telephone surveys/inquiries will include at least 100 inquiries per year</li> <li>Parent and child surveys will be issued for at least 100 families per year</li> <li>Supervisory QA moments will be incorporated into the case flow process for all cases</li> </ul>	4 <sup>th</sup> Quarter	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						31.3.5 State and Service Area Quality Assurance committees are selected and meet quarterly to review data reports and performance	7/30/05	
[Mary Nelson, SBT-TT System Improvement]				31.4 Quality Assurance activities will be coordinated and shared with CW Partners including providers, judges, CIP, JCS, Child Protection Council, etc.	Quarterly Report of Benchmark completion	31.4.1 Child Welfare QA activities reports will be issued to CW Partners	Projected: 6 <sup>th</sup> Quarter 03/01/06	04/18/06
Systemic Factor 4: Training [Ken Riedel, Service Area Manager, SBT-TT Training]		X	The state will operate a staff development and training program that supports the goals and objective in the CFSP, addressed services provided under title IV-B&E, provides initial training for all staff who deliver these services, and provides for ongoing training for staff that addresses the skill and knowledge base needed to carry out their duties	See Action Steps: Item 32 & 33	Quarterly Report of Benchmark completion	See Benchmarks: 32.1.1 – 33.1.3	Projected:  Actual:	Projected: 8 <sup>th</sup> Quarter  Actual: 07/31/06

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services  [Jim Daumueler, Field Operations Support Unit; Wendy Rickman, Service Area Manager]		X		32.1 Enhance availability of initial training offerings through long distance learning, by utilizing a combination of web-based training, directed OJT training blended with skill based classroom time, and ICN trainings.	Training Reports Quarterly	32.1.1 Each new employee will receive a copy of “New Services Worker Notebook Guide” that includes training modules for classes and on the job training for new employees to equip them with the tools and skill needed to complete their job.	Projected: 1 <sup>st</sup> Quarter Actual: * 07/01/03 & Ongoing	Projected: 8 <sup>th</sup> Quarter  Actual: 04/18/06
						32.1.2 Monthly notice is provided regarding schedule for new worker training, new web-based training, and ICN trainings – long distance learning options will enhance the availability of training	1 <sup>st</sup> Quarter Ongoing 07/01/03	
						32.1.3 Employees will be scheduled for new service worker training	1 <sup>st</sup> Quarter Ongoing 07/01/03	
						32.1.4 All modules will be reviewed and revised to incorporate PIP related changes. [See Training Plan in the PIP Narrative Appendix]	4 <sup>th</sup> Quarter Actual: *07/30/05	
[Ken Riedel, Service Area Manager, SBT-TT Training]				32.2 Supervisors will receive training on how to coach and mentor staff in family team meeting facilitation.	Training Reports Quarterly	32.2.1 Training will be held on clinical supervision to utilize team building that mentors and retains staff as part of the U of Iowa grant with yearly reports and evaluation.	Projected: 6 <sup>th</sup> Quarter 01/30/06	Projected: 8 <sup>th</sup> Quarter 04/18/06
						32.2.2 Coaching and mentoring training will be incorporated into	6 <sup>th</sup> Quarter 01/30/06	

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						ongoing supervisor training		
[Ken Riedel, Service Area Manager, SBT-TT Training]				32.3 University of Iowa will work with the department to develop core supervisory training.	Training Reports Quarterly	32.3.1 Convene statewide advisory group 32.3.2 Conduct statewide worker assessment 32.3.3 Develop supervisor competencies 32.3.4 Develop training curriculum for Supervisors 32.3.5 Field-test and revise curriculum 32.3.6 Implement supervisor curriculum statewide, one service area at a time	Projected: 1 <sup>st</sup> Quarter Actual: *07/01/03 2 <sup>nd</sup> Quarter *01/31/05 2 <sup>nd</sup> Quarter *01/31/05 4 <sup>th</sup> quarter *07/30/05 5 <sup>th</sup> Quarter 10/7/05 7 <sup>th</sup> Quarter 04/28/06	Projected 8 <sup>th</sup> Quarter: 04/28/06
Item 33: The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP  [Ken Riedel, Service Area Manager, SBT-TT Training]		X		33.1 National Resource Center training will be fully utilized to enhance ongoing training for workers [See Training Plan in the PIP Narrative Appendix].	Training Reports Quarterly	[See Training Plan in the PIP Narrative Appendix for National Resource Center training areas and specific training plan]. 33.1.1 Convene statewide advisory group 33.1.2 Conduct statewide worker assessment 33.1.3 Develop competencies 33.1.4 Develop training curriculum 33.1.5 Training reviewed and approved by statewide advisory group 33.1.6 Field-test and revise curriculum 33.1.7 Implement curriculum statewide,	Projected:  Ongoing to 8 <sup>th</sup> Quarter  Actual: 07/31/06	Projected: 8 <sup>th</sup> Quarter Actual: 07/31/06

Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						one service area at a time		
Item 34: The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children	X						Projected:  Actual:	Projected:  Actual:
Systemic Factor 5: Service Array [Mary Nelson, SBT-TT System Improvement]		X	A service array that assesses the strengths and needs of children and families and determines other service needs, addresses the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when	See Action Steps: Item 35.1 – 37.2	Quarterly Report of Benchmark completion	See Benchmarks: Item 35.1.1 – 37.2.11	Projected:  Actual:	Projected: 8 <sup>th</sup> Quarter  Actual:



Program Improvement Implementation								
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
			reasonable, and helps children in foster and adoptive placements achieve permanency.					
<p>Item 35: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency</p> <p>[Mary Nelson, SBT-TT System Improvement]</p>		X		35.1 Expand Community Partnerships for the Protection of Children [CPPC] to an additional 30 counties in Iowa [see narrative] and continue steps necessary for expansion statewide.	The number of counties who have fully implemented Community Partnerships for Protection of Children strategies will be counted and reported quarterly.	<p>PHASE I</p> <p>35.1.1 Provide materials to Service Areas related to CPPC core strategies, implementation strategies and lessons learned, and available resources.</p> <p>35.1.2 Service Areas develop and submit plans for CPPC roll-out and identify technical assistance needs</p> <p>35.1.3 Sites selected for next phases of roll-out</p> <p>35.1.4 Local Community Partnership identifies steering committees and establishes timelines for implementation of Community Partnerships within their own community.</p> <p>35.1.5 Conduct Quality Service Reviews [QSR] in counties initiating Community Partnerships that have not already had QSR to identify the strengths and needs.</p> <p>35.1.6 New site orientation completed</p>	<p>Projected: 1<sup>st</sup> Quarter Actual: *06/15/04</p> <p>1<sup>st</sup> Quarter *11/01/04</p> <p>1<sup>st</sup> Quarter *11/29/04</p> <p>2<sup>nd</sup> Quarter *12/30/04</p> <p>2<sup>nd</sup> Quarter *10/30/04</p> <p>3<sup>rd</sup> Quarter</p>	<p>Projected: 8<sup>th</sup> Quarter <a href="#">07/31/06</a></p>

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						including CPPC 101 training. 35.1.7 Provide technical assistance and other support to new site(s).  [See CPPC in the PIP Narrative Appendix] 35.1.8 Update and maintain peer support contact list on website 35.1.9 Develop curriculum for community networking workshop 35.1.10 Develop contract for DV case consultation and training PHASE II 35.1.11 Identify next counties for expansion. 35.1.12 Service Areas develop and submit plans for CPPC roll-out and identify technical assistance needs 35.1.13 Sites selected for next phases of roll-out 35.1.14 Local Community Partnership identifies steering committees and establishes timelines for implementation of Community Partnerships within their own community. 35.1.15 Conduct Quality Service	*03/30/05  3 <sup>rd</sup> Quarter *04/01/05  3 <sup>rd</sup> Quarter *01/10/05  3 <sup>rd</sup> Quarter *10/01/04  5 <sup>th</sup> Quarter 10/30/05  5 <sup>th</sup> Quarter 10/30/05  5 <sup>th</sup> Quarter 11/31/05  6 <sup>th</sup> Quarter 11/1/05 6 <sup>th</sup> Quarter 11/1/05	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						<p>Reviews [QSR] in counties initiating Community Partnerships that have not already had QSR to identify the strengths and needs.</p> <p>35.1.16 ew site orientation completed including CPPC 101 training.</p> <p>35.1.17 Provide technical assistance and support to new sites</p> <p>[See CPPC in the PIP Narrative Appendix]</p> <p>35.1.18 Identify next counties for expansion.</p>	<p>7<sup>th</sup> Quarter 04/18/06</p> <p>8<sup>th</sup> Quarter 07/31/06</p> <p>8<sup>th</sup> Quarter 07/31/06</p> <p>8<sup>th</sup> Quarter 07/31/06</p>	
[Mary Nelson, SBT-TT System Improvement]				35.2 Negotiate state level Memorandum of Agreement with the Department of Education and Department of Public Health to address service needs [i.e. education, mental health, substance abuse, medical, public and private service providers, etc.]	Quarterly Report of Benchmark completion	<p>35.2.1 Develop list of issues/scope for Memorandum of Agreements.</p> <p>35.2.2 Negotiate initial draft.</p> <p>35.2.3 Finalize signatures.</p>	<p>Projected: 1<sup>st</sup> Quarter Actual: *11/01/04 2<sup>nd</sup> Quarter *01/31/05 8<sup>th</sup> Quarter 07/21/06</p>	<p>Projected: 8<sup>th</sup> Quarter 07/21/06</p>
				35.3 Improve outcomes got children of color in the foster care system by launching a demonstration project to preserve connections and maintain children of color in their homes.	Quarterly Report of Benchmark Completion.	35.3.1 Launch children of color demonstration project in Des Moines and Sioux City.	<p>Projected: 1<sup>st</sup> Quarter Actual: 11/01/03</p>	<p>Projected: 8<sup>th</sup> Quarter Actual: 04/18/06</p>
				35.4 DHS will contract with the	Quarterly Report of	35.4.1 Identify the amount and source	Projected: 2 <sup>nd</sup> Quarter	Projected: 8 <sup>th</sup> Quarter

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
				University of Iowa, Disproportionate Minority Resource Center for technical assistance to children of color demonstration project sites and statewide.	Benchmark Completion.	of funding for contract with Disproportionate Minority Resource Center  35.4.2 Finalize scope of work and results measures  35.4.3 Negotiate contract.	*01/31/05  2 <sup>nd</sup> Quarter *01/31/05 3 <sup>rd</sup> Quarter *01/21/05	Actual: 04/18/06
				35.5 Launch “Community Care” initiative.	Quarterly Report of Benchmark Completion.	35.5.1 Define population for Community Care initiative  35.5.2 Determine scope of services and purchasing method, as well as rules, and manual needed for implementing Community Care initiative.  35.5.3 Issue guidelines (scope of services and purchasing method)  35.5.4 Contracted services begin.	Projected: 1 <sup>st</sup> Quarter Actual: *10/14/04 2 <sup>nd</sup> Quarter *01/31/05  3 <sup>rd</sup> Quarter *02/21/05 4 <sup>th</sup> Quarter 03/01/05	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State’s CFSP  [Mary Nelson, SBT-TT System Improvement]		X		36.1 Expand Community Partnerships for the Protection of Children [CPPC] to an additional 30 counties in Iowa [see narrative] and continue steps necessary for expansion statewide.	The number of counties who have fully implemented Community Partnerships for Protection of Children strategies will be counted and reported quarterly.	PHASE I  36.1.1 Provide materials to Service Areas related to CPPC core strategies, implementation strategies and lessons learned, and available resources.  36.1.2 Service Areas develop and submit plans for CPPC roll-out and identify technical assistance needs  36.1.3 Sites selected for next phases of roll-out	Projected: 1 <sup>st</sup> Quarter Actual: *06/15/04  1 <sup>st</sup> Quarter *06/15/04  1 <sup>st</sup> Quarter *11/29/04	Projected: 8 <sup>th</sup> Quarter  Actual: 07/31/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						36.1.4 Local Community Partnership identifies steering committees and establishes timelines for implementation of Community Partnerships within their own community.  36.1.5 Conduct Quality Service Reviews [QSR] in counties initiating Community Partnerships that have not already had QSR to identify the strengths and needs.  36.1.6 New site orientation completed including CPPC 101 training.  36.1.7 Provide technical assistance and other support to new site(s).  [See CPPC in the PIP Narrative Appendix]  36.1.8 Update and maintain peer support contact list on website  36.1.9 Develop curriculum for community networking workshop  36.1.10 Develop contract for DV case consultation and training  PHASE II  36.1.11 Identify next counties for expansion.	2 <sup>nd</sup> Quarter *12/30/04          2 <sup>nd</sup> Quarter *10/30/04          3 <sup>rd</sup> Quarter *03/30/05          3 <sup>rd</sup> Quarter *04/01/05          3 <sup>rd</sup> Quarter *01/10/05          3 <sup>rd</sup> Quarter *10/01/04          5 <sup>th</sup> Quarter 10/30/05          5 <sup>th</sup> Quarter	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						36.1.12 Service Areas develop and submit plans for CPPC roll-out and identify technical assistance needs  36.1.13 Sites selected for next phases of roll-out  36.1.14 Local Community Partnership identifies steering committees and establishes timelines for implementation of Community Partnerships within their own community.  36.1.15 Conduct Quality Service Reviews [QSR] in counties initiating Community Partnerships that have not already had QSR to identify the strengths and needs.  35.5.5 New site orientation completed including CPPC 101 training.  35.5.6 Provide technical assistance and support to new sites  [See CPPC in the PIP Narrative Appendix]  35.5.7 Identify next counties for expansion.	10/30/05  5 <sup>th</sup> Quarter 10/30/05  6 <sup>th</sup> Quarter 11/01/05  6 <sup>th</sup> Quarter 11/31/05  7 <sup>th</sup> Quarter 04/28/06  8 <sup>th</sup> Quarter 07/31/06  8 <sup>th</sup> Quarter 07/31/06  8 <sup>th</sup> Quarter 07/31/06	

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
[Mary Nelson, SBT-TT System Improvement]				36.2 Negotiate state level Memorandum of Agreement with the Department of Education and Department of Public Health to address service needs [i.e. education, mental health, substance abuse, medical, public and private service providers, etc.]	Quarterly Report of Benchmark completion	36.2.1 Develop list of issues/scope for Memorandum of Agreements. 36.2.2 Negotiate initial draft. 36.2.3 Finalize signatures.	Projected: 1 <sup>st</sup> Quarter Actual: *11/01/04 2 <sup>nd</sup> Quarter *01/31/05 8 <sup>th</sup> Quarter 07/21/06	Projected: 8 <sup>th</sup> Quarter
								Actual: 07/21/06
				36.3 Develop a summary of the CFSR finding related to Service Array to share with Decat Boards [community funding boards.]	Quarterly Report of Benchmark completion	36.3.1 Draft a CFSR Service Array summary for approval. 36.3.2 Distribute electronically to SAMS 36.3.3 SAMS will share the Service Array CFSR Summary with DeCat Boards in their service area	Projected: 1 <sup>st</sup> Quarter Actual: *10/30/04 2 <sup>nd</sup> Quarter *11/29/04 3 <sup>rd</sup> Quarter *04/30/05	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency  [Gary Lippe, Service Area Manager, SBT-TT Resource Development]		X		37.1 Increase wraparound and flexible funds to provide individualized services to children and families.		37.1.1 Draft rules and negotiate contracts for Family Centered Flexible services 37.1.2 Develop manual. 37.1.3 Rules and manual effective	Projected; 2 <sup>nd</sup> Quarter *01/27/05 3 <sup>rd</sup> Quarter *04/22/05 4 <sup>th</sup> Quarter	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06
[Wendy Rickman, Service Area Manager; SBT-TT Case Management]		X	Conduct Family Team Meetings in 23% of families in the identified target	37.2 Promote and implement Family Team Decision Making [FTDM] statewide.	FACS administrative data  Goal and	37.2.1 Conduct a survey of social workers that have successfully implemented family team decision making to determine current system strengths and	Projected: 1 <sup>st</sup> Quarter Actual: * 05/01/04	Projected: 8 <sup>th</sup> Quarter Actual: 04/18/06

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
			population. <b>Current: 29.39%</b>		Negotiated Measure Data  Digital Dashboard  [% of cases in which Family Team Meetings are held]  Quarterly Report of Benchmark Completion.	needs for implementation. 37.2.2 Identify target population for implementation.  37.2.3 Set clear expectations for practice through “Practice Standards for Family Team Decision Making;” adopted for implementation.  37.2.4 Establish a mechanism to list approved facilitators and approved training curriculum.  37.2.5 Develop a Guide for Successful FTDM Practice that can be used to evaluate FTDM.  37.2.6 Develop training curriculum. 37.2.7 Provide training statewide. [See Training Plan in the PIP Narrative Appendix]  37.2.8 Incorporate training curriculum in core training and new-worker training.  37.2.9 Provide Coaching and Mentoring in FTDM for supervisors.  37.2.10 Provide ICN Practice Seminars using interactive video for practice consultation [monthly during initial implementation 8/1/04 to 01/01/05].  37.2.11 Provide consultation for implementation as requested.	1 <sup>st</sup> Quarter *10/01/04  1 <sup>st</sup> Quarter *05/04/04  1 <sup>st</sup> Quarter *09/04/04  3 <sup>rd</sup> Quarter *04/01/05 3 <sup>rd</sup> Quarter *03/30/05 4 <sup>th</sup> Quarter 03/30/05  4 <sup>th</sup> Quarter 07/01/05  4 <sup>th</sup> Quarter *07/30/05 4 <sup>th</sup> Quarter *07/30/05  Ongoing <b>04/18/06</b>	
Systemic Factor 6: Agency	X						Projected:	Projected:



Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Responsiveness to the Community							Actual:	Actual:
Item 38: In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP	X						Projected:  Actual:	Projected:  Actual:
Item 39: The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP	X						Projected:  Actual:	Projected:  Actual:
Item 40: The State’s services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population	X						Projected:  Actual:	Projected:  Actual:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
Systemic Factor 7: Foster and Adoptive Parent Licensing, Recruitment, and Retention	X						Projected:	Projected:
							Actual:	Actual:
Item 41: The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards	X						Projected:	Projected:
							Actual:	Actual:
Item 42: The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds	X						Projected:	Projected:
							Actual:	Actual:
Item 43: The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children	X						Projected:	Projected:
							Actual:	Actual:
Item 44:		X		44.1 Develop and implement diligent	Iowa Foster and	44.1.1 Complete a service area needs	Projected:	Projected:

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
<p>The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed</p> <p>[Gary Lippe, Service Area Manager; SBT-TT Resource Development]</p>				<p>recruitment plans to assure adequate numbers of foster and adoptive homes to meet the needs of Iowa children. There will be a focus in this recruitment effort on identifying needs for foster homes representing the ethnic and racial diversity of the identified service area.</p>	<p>Adoptive Parent Association monthly reports aggregated</p> <p>Iowa Foster and adoptive Parent Association monthly activity reports</p>	<p>assessment targeted at number and types of homes and current availability.</p>	1 <sup>st</sup> Quarter Actual: *08/10/04	8 <sup>th</sup> Quarter
						<p>44.1.2 Develop a diligent statewide recruitment plan with TA from AdoptUSKids that includes:</p> <ul style="list-style-type: none"> <li>Targeted recruitment based on the needs assessment</li> <li>Focus on specific minority communities for recruitment</li> <li>Work with communities of Faith for targeted recruitment</li> </ul>	2 <sup>nd</sup> Quarter *07/01/04	Actual: 04/18/06
						<p>44.1.3 Provide training to DHS workers to assess the needs of teens, skills needed to work with teens, and development of recruitment strategies for families to adopt teens.</p>	2 <sup>nd</sup> Quarter *07/07/04	
						<p>44.1.4 Each Service Area will establish a team that includes private agency staff, foster parents liaisons, foster and adoptive parents and community leaders to complete a needs assessment.</p>	3 <sup>rd</sup> Quarter *07/01/04	
						<p>44.1.5 The team will define the need for foster homes and develop specific recruitment strategies for their areas.</p>	3 <sup>rd</sup> Quarter *07/01/04	
						<p>44.1.6 Goals established at the</p>		

Program Improvement Implementation								
1			2	3	4	5	6	7
Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity			Goal/Negotiated Measure/Percent of Improvement	Action Steps	Method of Measuring Improvement	Benchmarks Toward Achieving Goal	Dates of Achievement	
							Benchmark	Goal
	A	NA						
						AdoptUSKids recruitment summit will be incorporated in the area recruitment plans  44.1.7 Develop performance based contracted target goals with Iowa Foster and Adoptive Parent Association for recruitment requirements that will address needs of service areas as assessed  44.1.8 Develop a means for service areas to communicate with Iowa Foster and Adoptive Parent Association regarding unmet needs.  44.1.9 Develop reporting process to report to Iowa Foster and Adoptive Parent Association when new foster parents get their first placement.	3 <sup>rd</sup> Quarter *07/01/04  4 <sup>th</sup> Quarter *07/30/05  4 <sup>th</sup> Quarter *07/30/05  4 <sup>th</sup> Quarter *07/30/05	
Item 45: The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children	X						Projected:  Actual:	Projected:  Actual:

PIP Matrix Narrative Reporting Form	
I.	Summarize the reasons why benchmarks and/or goals were not achieved as projected:
II.	Provide a description of, and schedule for, the actions that the State will take during the next PIP quarter to meet these projected benchmarks and/or goals:
III.	Other Comments:

**Attachment B**  
**Children's Bureau**  
**Child and Family Services Reviews**  
**PIP Quarterly Report Tracking Log**  
**For Use By the**  
**ACF Regional Office Staff**

**PIP**  
**Quarterly Reports**  
**Date Received**  
**(enter date)**

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